

FAMILY DEVELOPMENT AND SELF-SUFFICIENCY (FaDSS) PROGRAM REQUEST FOR WORK PLAN AMENDMENT

INSTRUCTIONS

SUBMISSION REQUIREMENTS:

If during the program year, the grantee wishes to make a substantive change to the program, a program amendment is appropriate.

One original amendment with authorized signature is to be mailed to:

FaDSS Program Manager
Bureau of Community Services
Division of Community Action Agencies
Department of Human Rights
Lucas State Office Building
Des Moines, IA 50319

HEADING:

GRANTEE: Enter the name of the grantee as it appears in the FaDSS contract.

CONTRACT NUMBER: Enter the FaDSS contract number as it appears in the FaDSS contract.

DATE: Enter the date on which this form is being completed.

REQUEST:

1). CURRENT PROCESS, PLAN ELEMENT AND/OR GOAL(S): Enter the current program process, plan element and/or goals as stated in the FaDSS Renewal Application or previously approved plan amendment. e.g., Interventions, Family Selection Criteria and Planned Capacity, staffing patterns as noted FaDSS Funded Staff, and Staff Supervision (if these are to change), original goals (if they are to change) of the proposal (or previous request for work plan amendment).

2). PROPOSED NEW PROCESS, PLAN ELEMENT, AND/OR GOAL(S): Describe the new work plan element, mirroring the format used above. Discuss the grant section that is being changed in the format of the grant application. For example, include the staffing grid portion that is to be changed from the grant application labeled as the proposed change. For example, address the FaDSS Intervention planned (if it is to change) and relate new expected outcomes for families and/or specific measurable program goals. Provide adequate detail to describe a new activity or program service and ensure goals relate to this program change.

3). REASON(S) FOR AMENDMENT: Provide adequate reason and support for the proposed change in your program plan for the FaDSS Council to understand the need for the requested changes.

If your new plan effects your current budget such that there will be an expected variance of greater than 10% in any cost category of any funds category, it is expected that a Request For Budget Amendment will accompany this Request for Work Plan Amendment (with 15 copies for the FaDSS Council).

AUTHORIZING SIGNATURE:

The signature of the person authorized to enter your program into contracts must appear on the signature line for the request to be considered.

ALLOWABLE ATTACHMENTS:

Please provide adequate detail to address each of the three information points listed on the form.

If the form does not provide adequate space on which to address your request you may indicate in each area of the form that there is an attachment and complete your responses in another format, but the **text of each of the three points must** be included in your format. This form must be attached with a completed heading and signature. **NOTE:** If it is helpful or appropriate to complete a revised section of the grant application to best address your requested program changes, please do so.

OVERVIEW OF THE APPROVAL PROCESS:

The Department of Human Rights staff will review the request to ensure it is complete. Incomplete requests will be returned to the grantee for revision. State Program Managers have been authorized by the FaDSS Council to approve Work Plan Amendments. If a grantee is unsatisfied with the decision of the Program Manager, a request for appeal may be made to the FaDSS Council.

Amendments to the work plan, which affect the Contract document, will be confirmed through the issuance of a contract amendment. Amendments to contracts are most often prompted by a change in service area or change in budget.